

2-16-06
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1912 7590 11/28/2005

**AMSTER, ROTHSTEIN & EBENSTEIN LLP
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02/17/2006 SSESHE2 00000053 09611652

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EL993152972US		(Depositor's name)
		(Signature)
		(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/611,652

07/07/2000

Richard J. Zeman

001290.091198

8034

TITLE OF INVENTION: TREATING NEURAL CONDITIONS RESULTING FROM SPINAL CORD CONTUSIONS AND OTHER CAUSES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$700	02/28/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
HUI, SAN MING R	1617	514-555000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Amster, Rothstein & Ebenstein LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

New York Medical College

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Valhalla, New York

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
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- ☒ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 01-1785 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Alan D. Miller

Date February 14, 2006

Typed or printed name

Registration No. 42,889

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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**AMSTER
ROTHSTEIN
& EBENSTEIN LLP**

Intellectual Property Law

90 Park Avenue
New York NY 10016
Main 212 336 8000
Fax 212 336 8001
Web www.arelaw.com

Partners
Morton Amster
Jesse Rothstein (1934 - 2003)
Daniel Ebenstein
Philip H. Gottfried
Michael J. Berger
Neil M. Zipkin
Anthony F. Lo Cicero
Kenneth P. George
Abraham Kasdan, Ph.D.
Ira E. Silfin
Chester Rothstein
Craig J. Arnold
Kenneth M. Bernstein
Joseph M. Casino

Senior Counsel
Charles R. Macedo
Mark J. Rosenberg
Michael V. Solomita

Associates
Patrick Boland*
John S. Economou
Holly Pekowsky
Michael P. Kenney
Marion P. Metelski
Max Vern
Karl J. Kolbinger

Brian A. Comack
Richard S. Mandaro
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Elie H. Gendloff, Ph.D.
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Alan D. Miller, Ph.D.
Hsin-Hsin (Ginger) Liu

John A. Lepore
Norajean McCaffrey
Benjamin M. Halpern*
Matthew A. Fox
Michael J. Kasdan
Rebecca R. Eisenberg

*Not admitted in New York

February 14, 2006

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Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Alan D. Miller
Direct 212 336 8094
E-mail amiller@arelaw.com

Re: U.S. Patent Application No. 09/611,652
Title: TREATING NEURAL CONDITIONS RESULTING FROM SPINAL
CORD CONTUSIONS AND OTHER CAUSES
Applicants: Richard J. Zeman and Joseph D. Etlinger
Our File: 63653/6

Dear Sir:

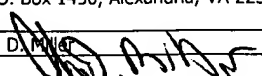
Enclosed please find the following documents in connection with the above-identified application:

1. a Part B Fee(s) Transmittal sheet (1 page, in duplicate);
2. a check in the amount of \$700.00; and
3. a return receipt postcard.


Please charge any outstanding amount or credit any overpayment to Deposit Account No. 01-1785. Please also acknowledge receipt of the enclosed documents by stamping the enclosed postcard and returning the same to us.

Respectfully submitted,

AMSTER, ROTHSTEIN & EBENSTEIN LLP
Attorneys for Applicants
90 Park Avenue
New York, New York 10016
(212) 336-8000

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Dated: February 14, 2006
New York, New York

By: 
Alan D. Miller, Reg. No 42,889